epiTRENDS

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Emerging Infections Update:
Washington Begins Surveillance for West Nile Virus

One of the most recent emerging infections is West Nile virus. Previously reported from Africa, Europe, the Middle East, west and central Asia, and Oceania, the mosquito-borne virus was unknown in the Western Hemisphere until detected as an outbreak in 1999 in New York City.

The virus spread rapidly after its introduction. Sixty-two cases of severe disease, including seven deaths, occurred in the New York outbreak. Sixty-six human cases in 10 states, including nine deaths, were reported in 2001. Since then the virus has been detected in states as far west as Nebraska, North Dakota, and Texas.

The emergence of West Nile virus spurred the need for better information about such infections throughout the United States. Surveillance began in 2001 in Washington State. The state Department of Health (DOH) has focused surveillance efforts on bird, horse, and human illness.

West Nile virus is in the same genus as St. Louis encephalitis virus, which is a rare condition in Washington State. West Nile virus can affect birds (particularly crows and related species), and less commonly cause illness in horses, humans, and other vertebrates. Most West Nile virus cases occur in the late summer and fall. Mosquitoes (primarily *Culex* species, which are found in Washington) become infected from feeding on infected birds and then transmit the virus to people. West Nile virus is not transmitted person-to-person or to humans directly from dead or living animals.

Most persons infected with the virus have no symptoms or experience a mild illness with fever, headache, body ache, and sometimes skin rash or swollen lymph nodes. Severe symptoms are the same as for other viral encephalitis infections — high fever, altered mental status (disorientation, seizures, coma), and abnormal cerebral spinal fluid (CSF) cell counts. Muscle weakness resembling Guillain-Barré syndrome or flaccid paralysis may also occur. Of persons severely affected, 3% to 15% may die. Illness is more severe for the elderly. There is no vaccine or specific therapy.

Many mosquito species that carry West Nile virus typically breed in water, including water-filled containers. To reduce the

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Innovative Project Dispenses Information on Folic Acid and Prevention of Birth Defects

Spina bifida and anencephaly are neural tube defects (NTDs) occurring in approximately 4000 babies born each year in the United States. The March of Dimes estimates that the incidence of these serious birth defects could decrease as much as 70% if all women consumed folic acid in adequate quantities prior to conception. Recent evidence suggests that folic acid also has a role in preventing other kinds of birth defects.

Half of all pregnancies are unplanned, and for 10 years the U.S. Public Health Service has recommended that all women capable of becoming pregnant consume 400 micrograms of folic acid daily. Although pubic awareness of the link between folic acid and NTDs has been growing, the proportion of women of childbearing age taking the vitamin daily remains less than 30%.

In early 2001, the Washington State Chapter of the March of Dimes partnered

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West Nile Virus *(from page 1)*

mosquito population around a home and property, reduce or eliminate all standing water: dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers; remove all discarded tires; make sure roof gutters drain properly; turn over plastic wading pools and wheelbarrows when not in use; change the water in birdbaths at least twice a week; clean vegetation and debris from edges of ponds; clean and chlorinate swimming pools, outdoor saunas, and hot tubs; drain water from pool covers; and use landscaping to eliminate standing water that collects on your property.

Reporting Requirements

Suspected cases of West Nile viral (WNV) disease in humans or horses are immediately reportable in Washington State. Physicians and other health care providers should report suspected cases (Table 1) to the local health jurisdiction or Communicable Disease Epidemiology, Washington State Department of Health at 206-361-2914 or 877-539-4344.

TABLE 1: Guidelines for reporting possible West Nile virus

Report hospitalized adult or pediatric patients with any of the following clinical syndromes:

- Viral encephalitis, a clinical diagnosis characterized by:
  - Fever ≥38°C or 100°F, *and*
  - CNS involvement, including altered mental status (altered level of consciousness, confusion, agitation, or lethargy) or other cortical signs (cranial nerve palsies, paresis or paralysis, or seizures), *and*
  - Abnormal CSF profile suggestive of viral etiology: a negative bacterial stain and culture, CSF pleocytosis, predominantly lymphocytes, and/or moderately elevated protein
- Aseptic meningitis occurring June through September in any patient ≥17 years of age, characterized by:
  - Fever ≥38°C or 100°F, *and*
  - Signs of meningeal inflammation (stiff neck, headache, photophobia) *and*
  - Abnormal CSF profile suggestive of viral etiology: a negative bacterial stain and culture, CSF pleocytosis, predominantly lymphocytes, and/or moderately elevated protein
- Presumed Guillain-Barré syndrome, especially with atypical features, such as fever, altered mental status and/or CSF pleocytosis.

Sentinel Physicians Needed

The Washington State Department of Health, in conjunction with the Centers for Disease Control and Prevention, seeks sentinel physicians for influenza surveillance during the 2002–2003 season. Contact Phyllis Shoemaker, 206-361-2830 by August 31.

Folic Acid *(from page 1)*

with the Washington State Department of Health and the Healthy Mothers, Healthy Babies Coalition to provide folic acid information to women in Washington State. Given that most women see their hairdressers more often than they see their doctors, the partnership developed an innovative plan to mail materials explaining the relationship between folic acid and birth defects to 20,000 licensed Washington hairdressers. The hairdressers were asked to share the information with their female clients, especially those of childbearing age. Instructions for ordering free folic acid materials were included.

Two months later a follow-up survey was mailed to 1784 of the hairdressers. Among the hairdressers who responded to the survey, nearly half were women of childbearing age, themselves members of the target audience. Of the respondents who received the initial mailing, one-third had spoken with their clients about folic acid, while another third had discussed it with family and friends. One in five had begun to eat more foods rich in folic acid, and one in 10 had started taking supplements of the vitamin.

Unfortunately, the overall response rate to the survey was less than 5%. More than one in 10 of the surveys were returned unopened because the address supplied by the state licensing agency was incorrect. One-third of those who did respond were no longer working in cosmetology. The reasons why others did not respond would need to be ascertained before attempting another mailing of this kind. Nonetheless, this project serves as an interesting model for delivery of a public health message through non-traditional channels.

For more information about folic acid promotion activities in Washington, visit the Washington State Folic Acid Council web site at http://www.folicacidcouncil.org/.

Monthly Surveillance Data by County

June 2002* – Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead§#
Adams	0	0	0	0	0	1	0	0	0	4	0	0	1	1/156
Asotin	0	0	0	0	0	0	0	0	0	3	0	0	0	0/0
Benton	0	0	0	0	0	0	0	0	0	23	2	0	3	2/122
Chelan	0	0	0	0	0	0	0	1	0	12	1	0	3	1/40
Clallam	1	1	0	0	0	0	0	1	0	7	1	1	0	0/0
Clark	0	4	0	0	0	0	0	4	1	42	4	6	0	0/0
Columbia	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Cowlitz	0	2	0	0	1	0	0	6	1	10	1	0	0	0/32
Douglas	1	0	0	0	0	0	0	0	0	6	0	0	1	0/0
Ferry	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Franklin	0	2	0	0	0	0	0	0	1	11	0	0	4	2/108
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	1	0	0	0	0	0	0	0	15	1	1	3	5/272
Grays Harbor	0	3	0	0	0	0	0	0	0	17	2	0	0	0/#
Island	0	2	0	1	0	0	1	0	0	27	1	0	0	0/#
Jefferson	0	0	0	0	0	0	0	0	0	5	0	0	0	0/0
King	1	21	9	5	3	1	2	29	15	366	119	10	5	2/56
Kitsap	0	0	0	0	0	0	0	0	0	63	8	0	0	0/14
Kittitas	0	0	0	1	0	0	0	0	0	12	2	0	0	0/0
Klickitat	0	1	0	0	0	0	0	0	1	1	0	0	0	0/#
Lewis	0	0	1	0	0	0	0	0	0	7	1	0	1	0/#
Lincoln	0	0	0	0	0	0	0	0	0	2	0	0	0	0/#
Mason	0	0	0	0	0	0	0	0	0	6	0	0	0	0/0
Okanogan	0	0	0	0	0	0	0	0	0	6	0	0	3	1/10
Pacific	0	0	2	0	0	1	0	0	0	2	0	1	0	0/0
Pend Oreille	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Pierce	1	10	1	11	0	0	0	40	2	250	44	3	3	1/23
San Juan	0	0	0	0	0	0	0	1	0	0	0	0	0	0/0
Skagit	0	2	0	0	0	0	0	11	0	26	1	0	1	3/53
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Snohomish	1	3	0	1	0	0	1	1	2	145	17	0	1	0/12
Spokane	0	0	0	0	1	0	0	0	2	78	6	0	3	0/16
Stevens	0	1	0	0	0	0	0	0	0	1	0	0	0	0/0
Thurston	0	1	0	1	0	0	0	2	0	33	5	1	1	0/#
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	0	0	0	0	0	0	0	0	5	0	0	0	2/165
Whatcom	0	0	0	0	1	0	0	0	0	46	10	0	0	0/8
Whitman	0	1	0	0	0	0	0	0	0	4	1	0	0	0/#
Yakima	1	5	0	0	0	0	0	12	0	59	3	0	5	8/431
Unknown														0/0
Current Month	6	60	13	20	6	3	4	108	24	1297	230	23	38	28/1532
June 2001	9	46	13	13	15	3	5	21	24	987	227	41	38	11/310
2002 to date	17	207	54	88	33	13	38	243	117	7360	1459	247	113	78/3882
2001 to date	26	208	83	52	59	16	42	66	112	6819	1459	283	97	73/2310

* Data are provisional based on reports received as of June 30, unless otherwise noted.
† Unconfirmed reports of illness associated with pesticide exposure.
§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.

New Colorectal Cancer Brochure Offers Stories of Survival

WWW Access Tips

The web site for the National Immunization Program of the Centers for Disease Control and Prevention is: http://www.cdc.gov/nip

The Washington State Department of Health has recently produced a new colorectal cancer brochure called "Stories of Survival." The brochure tells the stories of four Washington residents who are surviving colorectal cancer. The survivors emphasize the importance of colorectal cancer screening and encourage people age 50 and older to seek screening.

Focus groups conducted in Washington State show that one of the reasons people delay screening for colorectal cancer is that they are afraid of being diagnosed with cancer. Some focus group participants believed that a colorectal cancer diagnosis is equivalent to a death sentence. Presenting stories of people who have had colorectal cancer screening tests, received a diagnosed of cancer, and survived to continue active lives may help allay these fears and reduce this barrier to screening.

This brochure is available on the colorectal cancer web site (http://www.doh.wa.gov/colorectal/PatientEd.htm) and through the camera-ready art site of Health Education Research Exchange in Washington (http://www.doh.wa.gov/here/CRA/CRAsearch.asp).

The Fred Hutchison Cancer Research Center has generously printed 10,000 copies. To request copies, contact Mary Ann Shann-Fetty (maryann.shann-fetty@doh.wa.gov or 360-236-4246). Please display the brochures prominently, and take the opportunity to discuss them with the people you see in your life and work who are age 50 and older.

Vaccine Supplies Increase; Immunization Schedules Can Return to Normal

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http://www.doh.wa.gov/Publicat/EpiTrends/01-02_EpiTrends/2002_trend.htm

The July 12 issue of *MMWR* (vol. 51, no. 27) reports on the improved availability of vaccines for childhood immunization. Current supplies are sufficient to allow a return to the routine schedule for diphtheria, tetanus, acellular pertussis (DTaP), and for mumps, measles, and rubella (MMR) vaccination. Clinicians may resume the full five-dose schedule for DTaP and the second dose of MMR. Other vaccines no longer in shortage are Td and varicella. Washington State is receiving sufficient supplies and the Department of Health encourages providers to return to the regular immunization schedule. Additional DTaP and MMR vaccine is not yet available for ambitious recall or special initiative programs.

Calendar

October 7–9
Wenatchee

9th Annual Joint Conference on Health — *Public Health Priorities: Balancing our Core Mission with Emergency Preparedness.* Sponsored by the Washington State Public Health Association in cooperation with the Washington State Department of Health and the Chelan-Douglas County Health District. For more information: http://www.wspha.org/JCH2.html

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